

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. | FILING DATE | |
|---|----------|-----|------------------------|-----|------------------------|-----|--------------|-------------|-----|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
| | IND | DEP | IND | DEP | IND | DEP | | IND | DEP |
| 1 | | | | | | | 51 | | |
| 2 | | 1 | | | | | 52 | | |
| 3 | | 4 | | | | | 53 | | |
| 4 | | 4 | | | | | 54 | | |
| 5 | | 1 | | | | | 55 | | |
| 6 | | 1 | | | | | 56 | | |
| 7 | | 1 | | | | | 57 | | |
| 8 | | 2 | | | | | 58 | | |
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| 50 | | | | | | | 100 | | |
| TOTAL IND. | ↓ | | ↓ | | ↓ | | TOTAL IND. | ↓ | |
| TOTAL DEP. | ← | | ← | | ← | | TOTAL DEP. | ← | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | |